

09/463776

ISSUE SLIP STAPLE AREA (for additional cross-references)

POSITION

INITIALS

ID NO.

DATE

3/19/00

FEES DETERMINATION
O.J.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

INDEX OF CLAIMS

Referred	N	Not elected
Allowed	I	Intervenor
Through Numerical	A	Appeal
Canceled	O	Objected
Rejected		

Claim	Date	Claim	Date	Claim	Date
1	1/20/00	2	1/20/00	3	1/20/00
4	1/20/00	5	1/20/00	6	1/20/00
7	1/20/00	8	1/20/00	9	1/20/00
10	1/20/00	11	1/20/00	12	1/20/00
13	1/20/00	14	1/20/00	15	1/20/00
16	1/20/00	17	1/20/00	18	1/20/00
19	1/20/00	20	1/20/00	21	1/20/00
22	1/20/00	23	1/20/00	24	1/20/00
25	1/20/00	26	1/20/00	27	1/20/00
28	1/20/00	29	1/20/00	30	1/20/00
31	1/20/00	32	1/20/00	33	1/20/00
34	1/20/00	35	1/20/00	36	1/20/00
37	1/20/00	38	1/20/00	39	1/20/00
40	1/20/00	41	1/20/00	42	1/20/00
43	1/20/00	44	1/20/00	45	1/20/00
46	1/20/00	47	1/20/00	48	1/20/00
49	1/20/00	50	1/20/00	51	1/20/00
52	1/20/00	53	1/20/00	54	1/20/00
55	1/20/00	56	1/20/00	57	1/20/00
58	1/20/00	59	1/20/00	60	1/20/00
61	1/20/00	62	1/20/00	63	1/20/00
64	1/20/00	65	1/20/00	66	1/20/00
67	1/20/00	68	1/20/00	69	1/20/00
70	1/20/00	71	1/20/00	72	1/20/00
73	1/20/00	74	1/20/00	75	1/20/00
76	1/20/00	77	1/20/00	78	1/20/00
79	1/20/00	80	1/20/00	81	1/20/00
82	1/20/00	83	1/20/00	84	1/20/00
85	1/20/00	86	1/20/00	87	1/20/00
88	1/20/00	89	1/20/00	90	1/20/00
91	1/20/00	92	1/20/00	93	1/20/00
94	1/20/00	95	1/20/00	96	1/20/00
97	1/20/00	98	1/20/00	99	1/20/00
100	1/20/00	101	1/20/00	102	1/20/00
103	1/20/00	104	1/20/00	105	1/20/00
106	1/20/00	107	1/20/00	108	1/20/00
109	1/20/00	110	1/20/00	111	1/20/00
112	1/20/00	113	1/20/00	114	1/20/00
115	1/20/00	116	1/20/00	117	1/20/00
118	1/20/00	119	1/20/00	120	1/20/00
121	1/20/00	122	1/20/00	123	1/20/00
124	1/20/00	125	1/20/00	126	1/20/00
127	1/20/00	128	1/20/00	129	1/20/00
130	1/20/00	131	1/20/00	132	1/20/00
133	1/20/00	134	1/20/00	135	1/20/00
136	1/20/00	137	1/20/00	138	1/20/00
139	1/20/00	140	1/20/00	141	1/20/00
142	1/20/00	143	1/20/00	144	1/20/00
145	1/20/00	146	1/20/00	147	1/20/00
148	1/20/00	149	1/20/00	150	1/20/00

If more than 150 claims or 10 actions
staple additional sheet here

LEFT END OF

BEST AVAILABLE COPY